

### Patient Information

Today's Date \_\_\_\_\_  
**Child's First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
With Whom does Child Reside? \_\_\_\_\_  
Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex: M / F  
Name and ages of other children \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_

### Parent Information

**Mother/Step-Mother/Other Name** \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
How would you like to be contacted? Home Phone [ ] Cell Phone [ ] Other [ ] \_\_\_\_\_  
Marital Status: Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ]  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_

**Father/Step-Father/Other Name** \_\_\_\_\_  
Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
How would you like to be contacted? Home Phone [ ] Cell Phone [ ] Other [ ] \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_

### Emergency Information

**Emergency Contact Name** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

### Insurance Information

Insured's Name \_\_\_\_\_  
Insured's Soc. Sec.# \_\_\_\_\_ ID # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Employer/Group/Union \_\_\_\_\_ Local No. \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Does Child live with you? \_\_\_\_\_

*Is there another insurance for this child?* Yes [ ] No [ ]

Insured's Name \_\_\_\_\_  
Insured's Soc. Sec. # \_\_\_\_\_ ID # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Employer/Group/Union \_\_\_\_\_ Local No. \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Does Child live with you? \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_